

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 10/058 650 | FILING DATE | |
|--|------|------------------------|------|------------------------|------|--------------------------|-------------|--|
| CLAIMS | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | |
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